

Chris O'Brien

From: Sue K. Adams, PhD <sadams@newenglandanxiety.com>
Sent: Monday, July 13, 2020 8:51 AM
To: Chris O'Brien
Subject: Telehealth Support from the NE Center for Anxiety

Dear Esteemed Legislator,

The New England Center for Anxiety (NECA) is a group private practice specializing in the provision of evidence-based psychotherapy for individuals diagnosed with anxiety-disorders. We have two sites in Rhode Island (Westerly and North Kingstown). NECA currently employs 12 clinicians and 1 administrator and provides services to approximately 150 clients per week. Notably, the majority of the clients we see live in rural, underserved communities in South County, RI.

We submit this letter in strong support of the Telehealth bill that will be voted on July 15, 2020.

- 1) Telehealth parity is necessary to improve access and reduce barriers to critical mental health services. Conditions associated with COVID-19, including social isolation, fear and uncertainty, have led to an increase in mental health issues. Safe and accessible services that can be conducted from a distance are required to ensure mental health support.
- 2) Research has demonstrated that telehealth is as effective as face to face sessions. Providing telehealth services requires the same clinical skills, plus additional technological skills that all clinicians have been tasked with learning, without additional pay, over the past 4 months.
- 3) Telephone reimbursement is an essential component of telehealth services. When internet contact is lost during a session, the standard best practice is to continue the session via telephone. Not having a reimbursable alternative to online sessions would compromise best practice in clinical care. All online platforms experience intermittent internet loss during sessions, especially when clients do not have good access to internet services in the home.
- 4) The overhead margins in a group practice are very slim. Telehealth parity is essential given the need to maintain our overhead which includes 8 office spaces. Even though clinicians will be working from home until it is safe to return to face to face work with clients, our clinic spaces need to be maintained. A decrease in reimbursement from what is comparable to face to face sessions will likely result in difficult decisions in how to meet overhead and pay clinicians their full rate.

Sincerely,
Sue Adams, PhD and Ellen Flannery-Schroeder, PhD

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